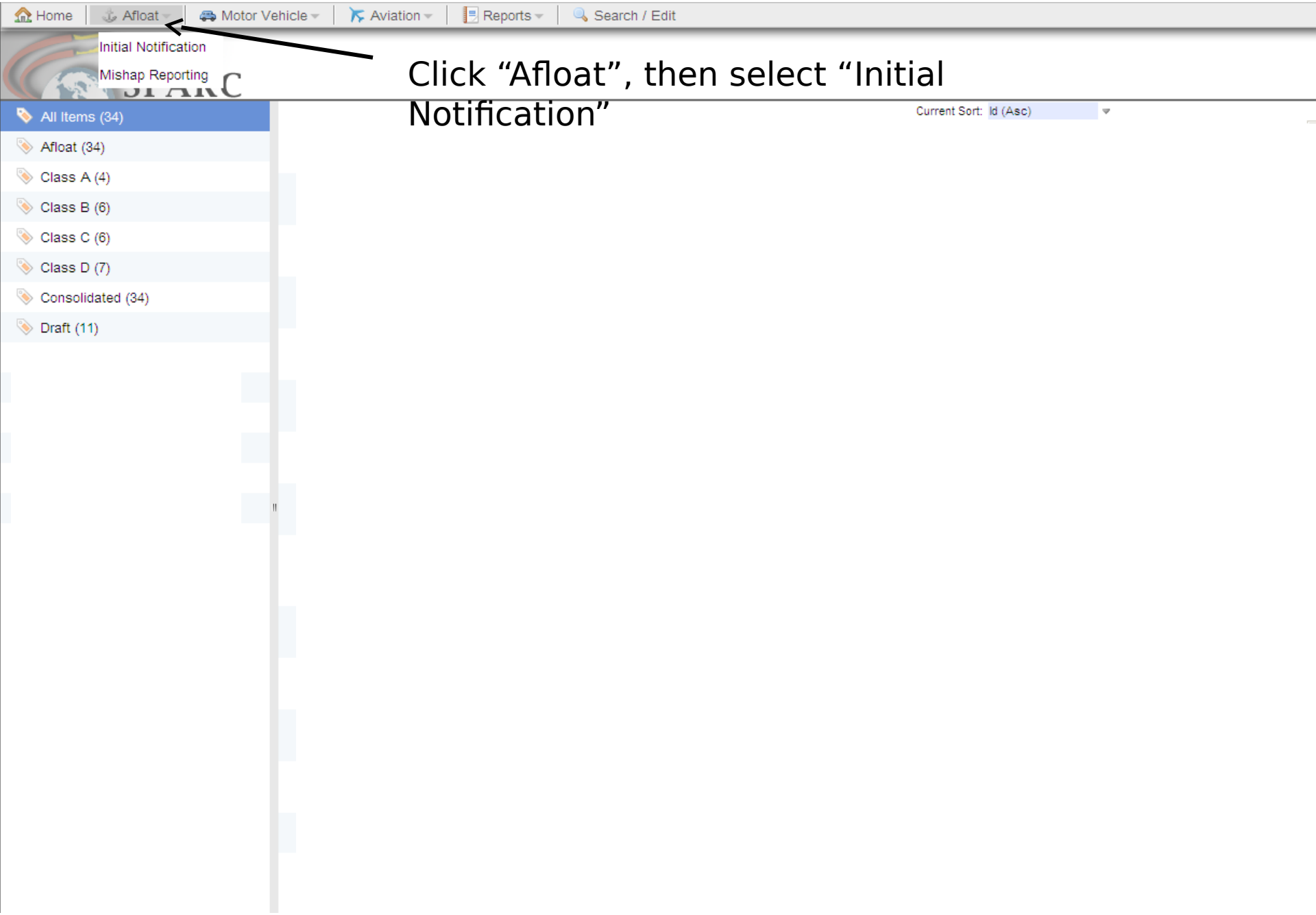
AFLOAT CLASS A/B INITIAL NOTIFICATION


Home
Afloat
Motor Vehicle
Aviation
Reports
Search / Edit
Initial Notification
Mishap Reporting
Click “Afloat”, then select “Initial Notification”
All Items (34)
Afloat (34)
Class A (4)
Class B (6)
Class C (6)
Class D (7)
Consolidated (34)
Draft (11)
Current Sort: Id (Asc)

Afloat Initial Notification

Mishap Type(s): Select (1 selected)

Select all mishap types that apply

Mishap Date:
2012-09-01

Mishap Time:
1530

Local Serial Number:
XXXXXXX

Customer entry for own unit tracking

Body of Water (Select if at sea):
CARIBBEAN SEA

OR

Port (Select if pierside):
Search

Select the appropriate entry. Only one is required.

Command Submitting Report:
N21036 Search

Short Summary (max 140 characters):
Submitting an afloat mishap intial report.
You have 98 characters remaining.

Event Narrative:
Drafting a more detailed afloat mishap.

POC First Name:
John

POC Last Name:
Churchill

POC Email:
john.churchill@navy.mil

POC Phone:
757 444 3520

Entries are auto-generated from your log-in information

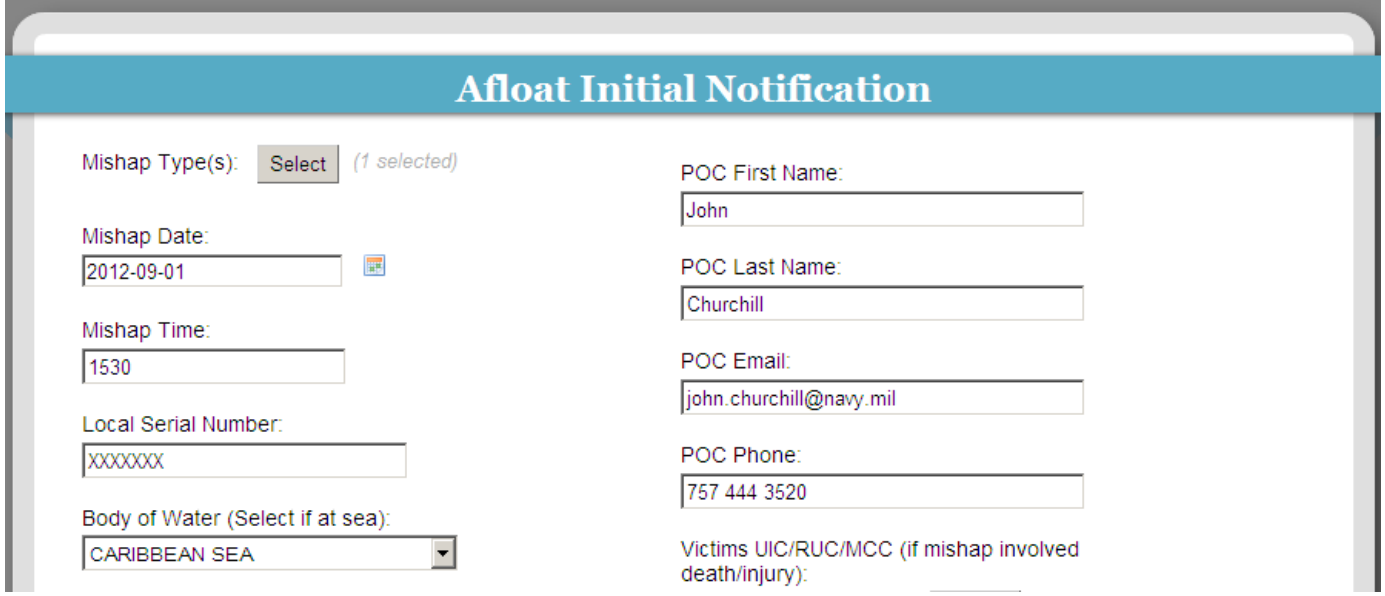
Victims UIC/RUC/MCC (if mishap involved death/injury):
N21036 Search

Omit for mishaps exclusively property damage

Mishap Victim Command Name:
OHIO

Auto-generated from Victims UIC/RUC/MCC

Estimated DoD Property Cost:
501000



The matrix below is used for reporting the number of deaths and/or injuries in the mishap. Type in the appropriate number for each category.

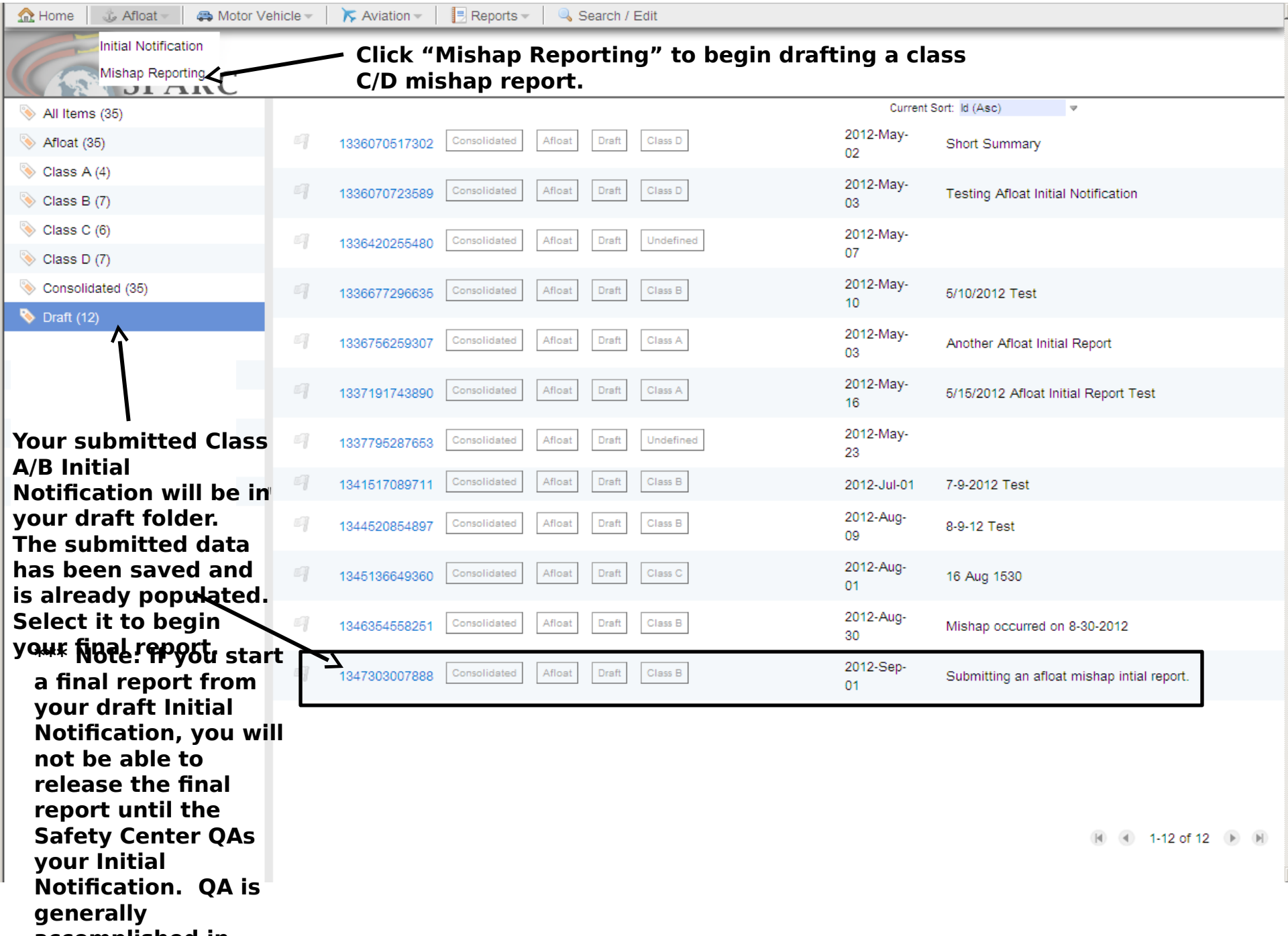
	Fatalities	Permanent Total Disabilities	Permanent Partial Disabilities	Hospitalized
Navy Military	0	0	0	0
Navy Civilian	0	0	0	0
Marine Military	0	0	0	0
Marine Civilian	0	0	0	0
Other	0	0	0	0

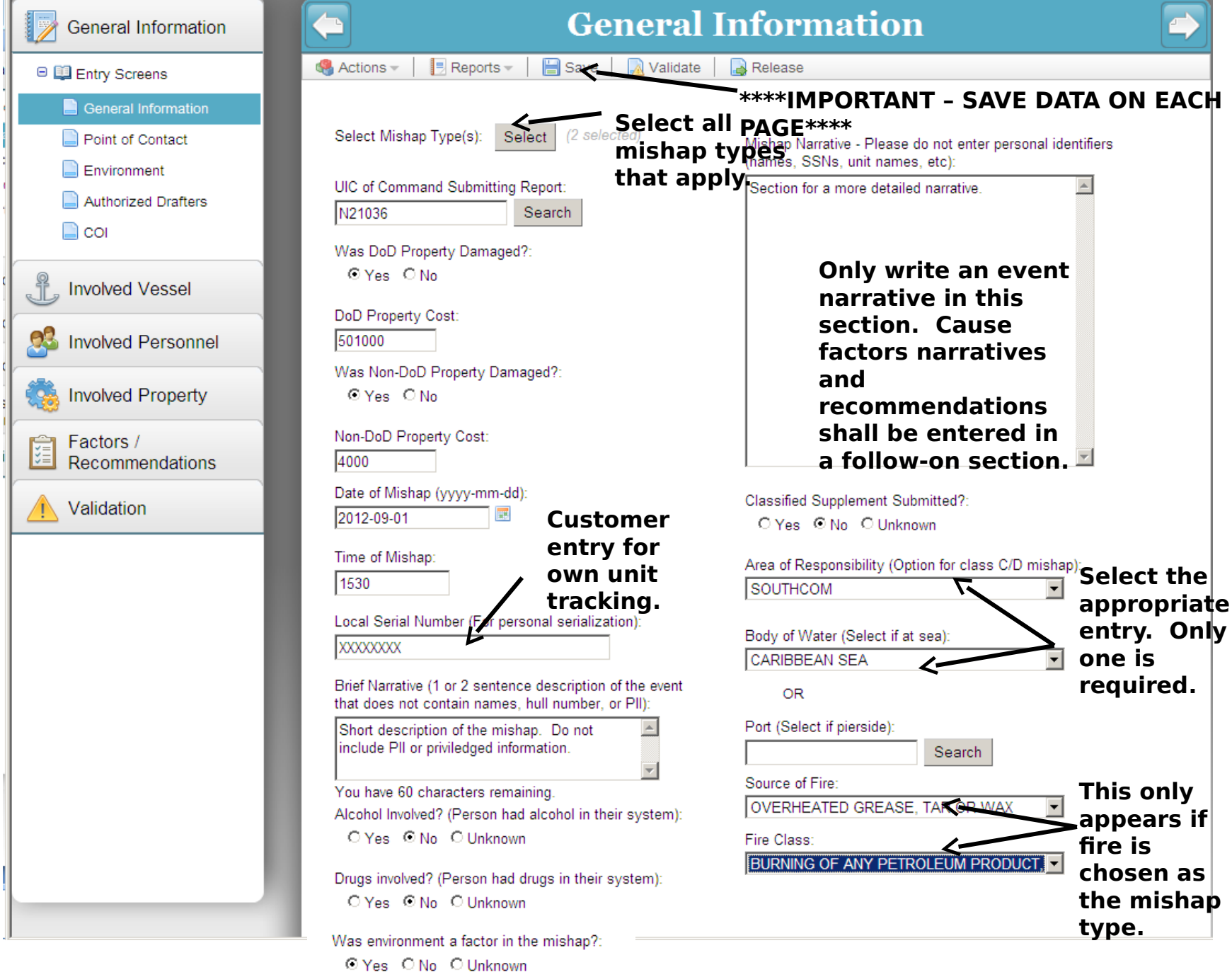
Submit | Cancel | View PDF

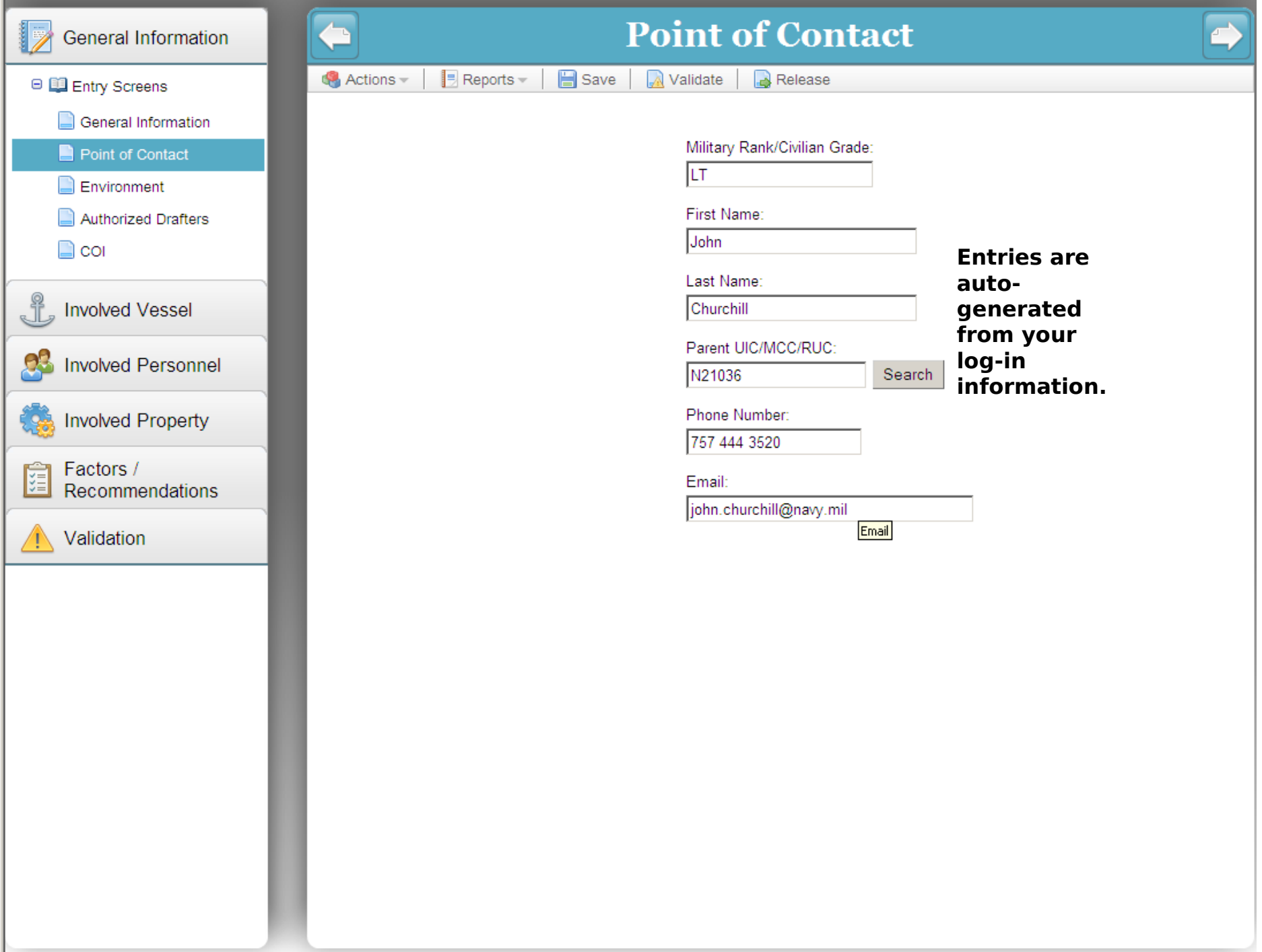
Click here to submit your report to the Naval Safety Center

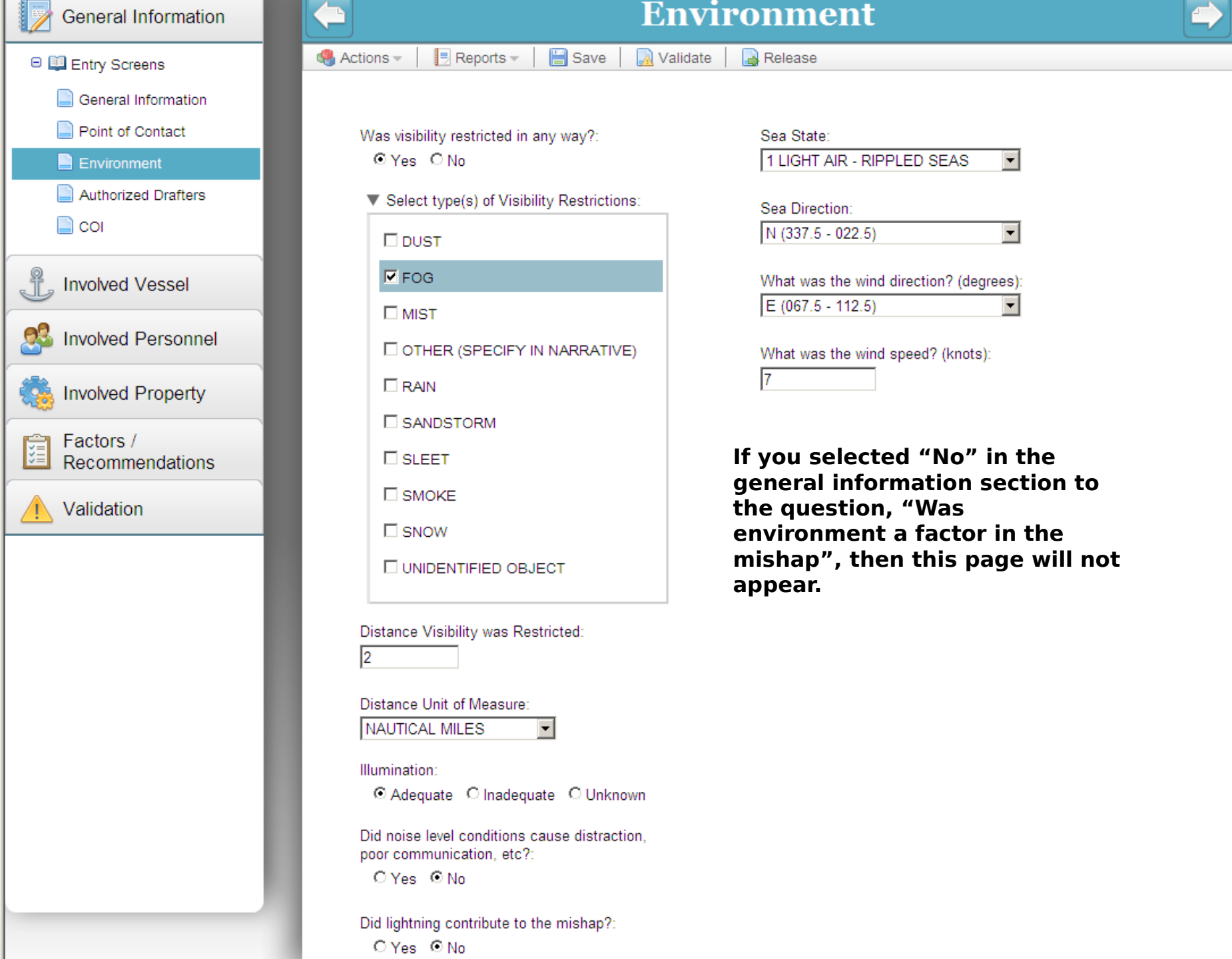
Click here to view/save a PDF copy of your initial report submission. You must select this prior to hitting the submit button.

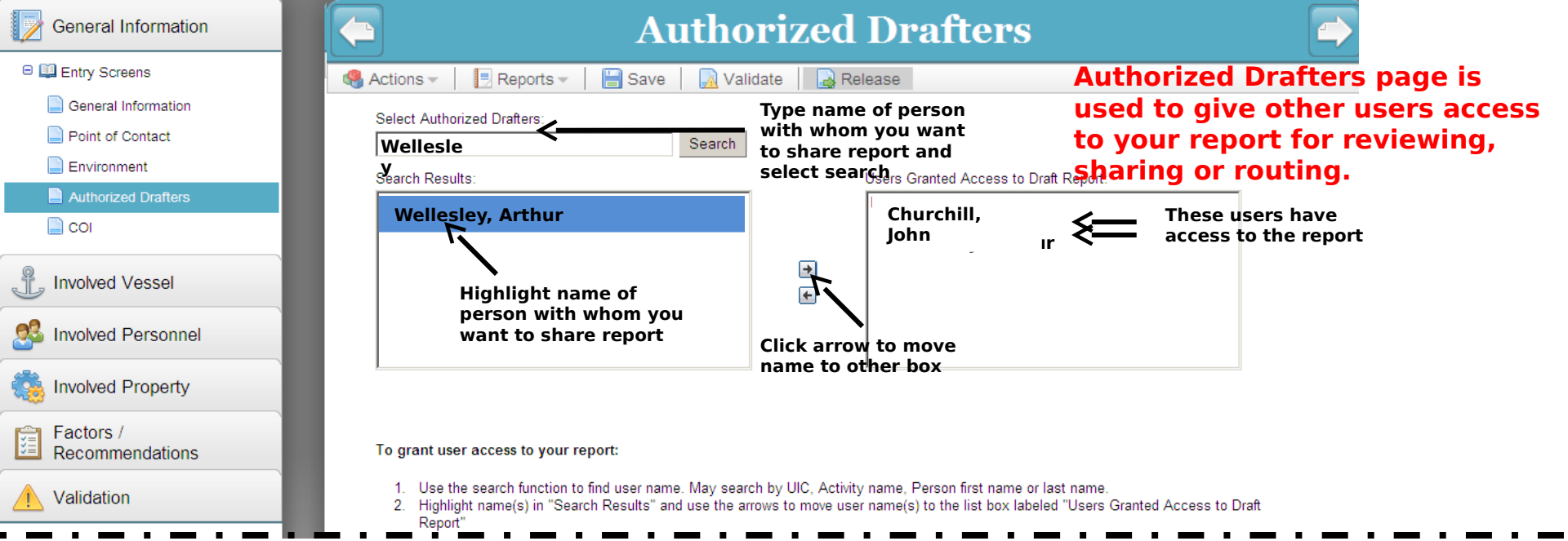
GUIDE TO COMPLETE THE CLASS A/B REPORT OR START A CLASS C/D REPORT


Home
Afloat
Motor Vehicle
Aviation
Reports
Search / Edit
Initial Notification
Mishap Reporting
Click “Mishap Reporting” to begin drafting a class C/D mishap report.
All Items (35)
Afloat (35)
Class A (4)
Class B (7)
Class C (6)
Class D (7)
Consolidated (35)
Draft (12)
Current Sort: Id (Asc)
1336070517302 Consolidated Afloat Draft Class D 2012-May-02 Short Summary
1336070723589 Consolidated Afloat Draft Class D 2012-May-03 Testing Afloat Initial Notification
1336420255480 Consolidated Afloat Draft Undefined 2012-May-07
1336677296635 Consolidated Afloat Draft Class B 2012-May-10 5/10/2012 Test
1336756259307 Consolidated Afloat Draft Class A 2012-May-03 Another Afloat Initial Report
1337191743890 Consolidated Afloat Draft Class A 2012-May-16 5/15/2012 Afloat Initial Report Test
1337795287653 Consolidated Afloat Draft Undefined 2012-May-23
1341517089711 Consolidated Afloat Draft Class B 2012-Jul-01 7-9-2012 Test
1344520854897 Consolidated Afloat Draft Class B 2012-Aug-09 8-9-12 Test
1345136649360 Consolidated Afloat Draft Class C 2012-Aug-01 16 Aug 1530
1346354558251 Consolidated Afloat Draft Class B 2012-Aug-30 Mishap occurred on 8-30-2012
1347303007888 Consolidated Afloat Draft Class B 2012-Sep-01 Submitting an afloat mishap intial report.
1-12 of 12
Your submitted Class A/B Initial Notification will be in your draft folder. The submitted data has been saved and is already populated. Select it to begin your final report.
*** Note: If you start a final report from your draft Initial Notification, you will not be able to release the final report until the Safety Center QAs your Initial Notification. QA is generally

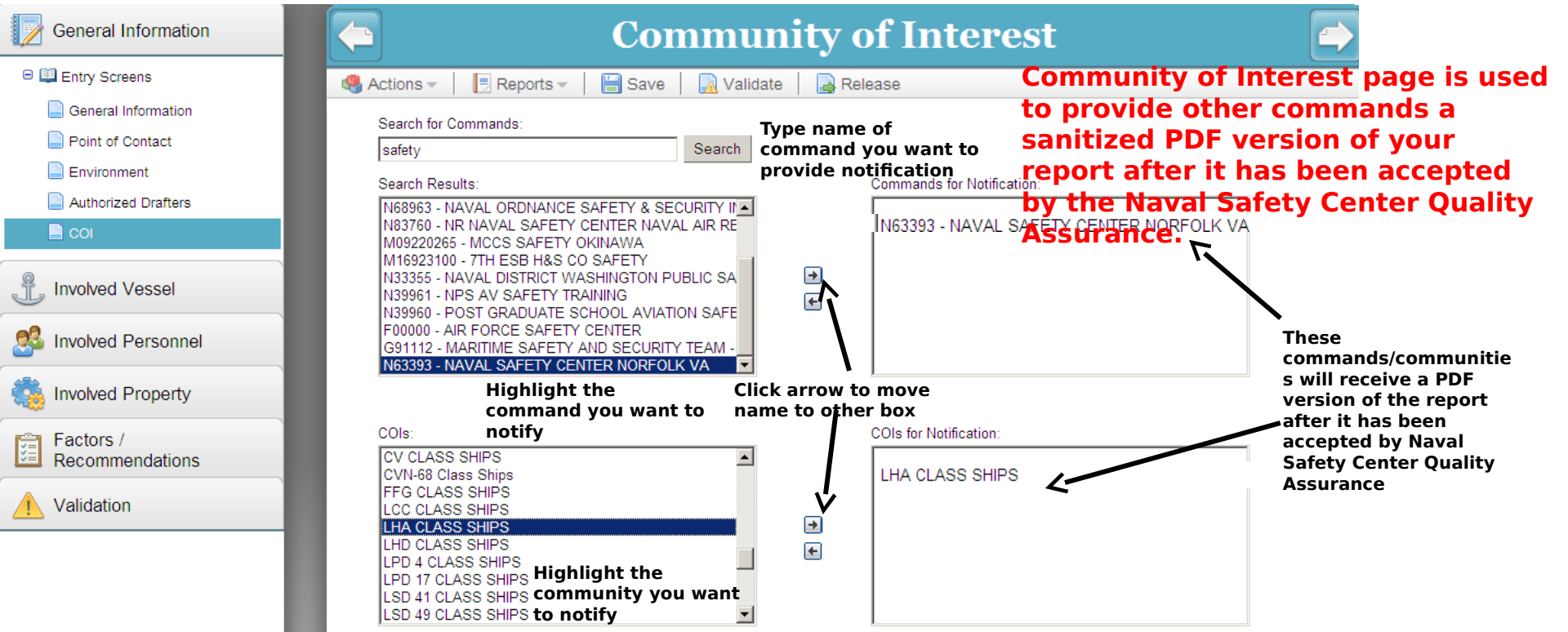

General Information
Entry Screens
General Information
Point of Contact
Environment
Authorized Drafters
COI
Involved Vessel
Involved Personnel
Involved Property
Factors / Recommendations
Validation
General Information
Actions
Reports
Save
Validate
Release
****IMPORTANT – SAVE DATA ON EACH PAGE****
Select all mishap types that apply.
Select Mishap Type(s):
Select
(2 selected)
UIC of Command Submitting Report:
N21036
Search
Was DoD Property Damaged?:
Yes
No
DoD Property Cost:
501000
Was Non-DoD Property Damaged?:
Yes
No
Non-DoD Property Cost:
4000
Date of Mishap (yyyy-mm-dd):
2012-09-01
Time of Mishap:
1530
Local Serial Number (For personal serialization):
XXXXXXX
Customer entry for own unit tracking.
Brief Narrative (1 or 2 sentence description of the event that does not contain names, hull number, or PII):
Short description of the mishap. Do not include PII or priviledged information.
You have 60 characters remaining.
Alcohol Involved? (Person had alcohol in their system):
Yes
No
Unknown
Drugs involved? (Person had drugs in their system):
Yes
No
Unknown
Was environment a factor in the mishap?:
Yes
No
Unknown
Mishap Narrative - Please do not enter personal identifiers (names, SSNs, unit names, etc):
Section for a more detailed narrative.
Only write an event narrative in this section. Cause factors narratives and recommendations shall be entered in a follow-on section.
Classified Supplement Submitted?:
Yes
No
Unknown
Area of Responsibility (Option for class C/D mishap):
SOUTHCOM
Body of Water (Select if at sea):
CARIBBEAN SEA
OR
Port (Select if pierside):
Search
Source of Fire:
OVERHEATED GREASE, TAR OR WAX
Fire Class:
BURNING OF ANY PETROLEUM PRODUCT
Select the appropriate entry. Only one is required.
This only appears if fire is chosen as the mishap type.


General Information
Entry Screens
General Information
Point of Contact
Environment
Authorized Drafters
COI
Involved Vessel
Involved Personnel
Involved Property
Factors / Recommendations
Validation
Point of Contact
Actions
Reports
Save
Validate
Release
Military Rank/Civilian Grade:
LT
First Name:
John
Last Name:
Churchill
Parent UIC/MCC/RUC:
N21036
Search
Phone Number:
757 444 3520
Email:
john.churchill@navy.mil
Email
Entries are auto-generated from your log-in information.

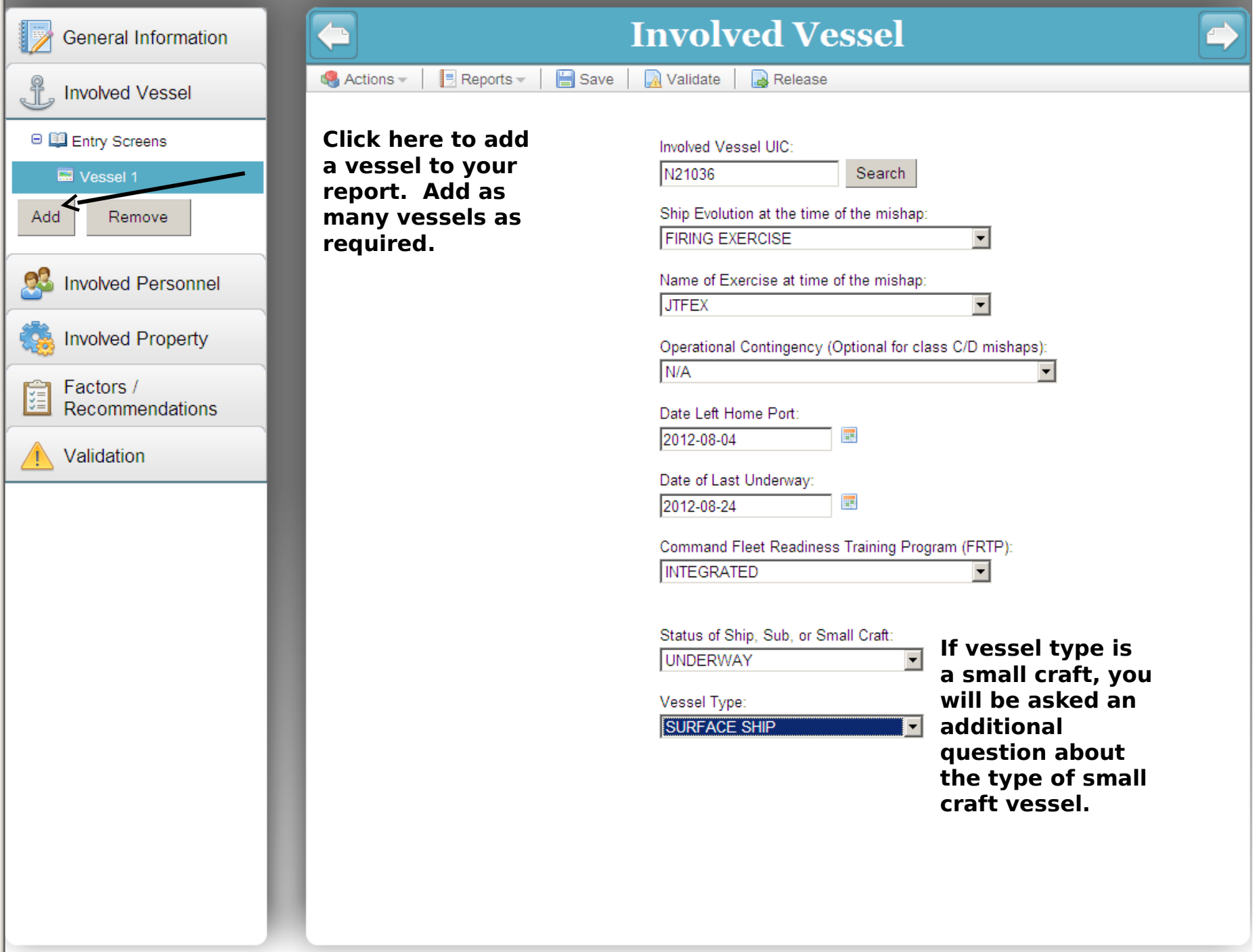

General Information
Entry Screens
General Information
Point of Contact
Environment
Authorized Drafters
COI
Involved Vessel
Involved Personnel
Involved Property
Factors / Recommendations
Validation
Environment
Actions
Reports
Save
Validate
Release
Was visibility restricted in any way?:
Yes
No
Select type(s) of Visibility Restrictions:
DUST
FOG
MIST
OTHER (SPECIFY IN NARRATIVE)
RAIN
SANDSTORM
SLEET
SMOKE
SNOW
UNIDENTIFIED OBJECT
Distance Visibility was Restricted:
2
Distance Unit of Measure:
NAUTICAL MILES
Illumination:
Adequate
Inadequate
Unknown
Did noise level conditions cause distraction, poor communication, etc?:
Yes
No
Did lightning contribute to the mishap?:
Yes
No
Sea State:
1 LIGHT AIR - RIPPLED SEAS
Sea Direction:
N (337.5 - 022.5)
What was the wind direction? (degrees):
E (067.5 - 112.5)
What was the wind speed? (knots):
7
If you selected “No” in the general information section to the question, “Was environment a factor in the mishap”, then this page will not appear.

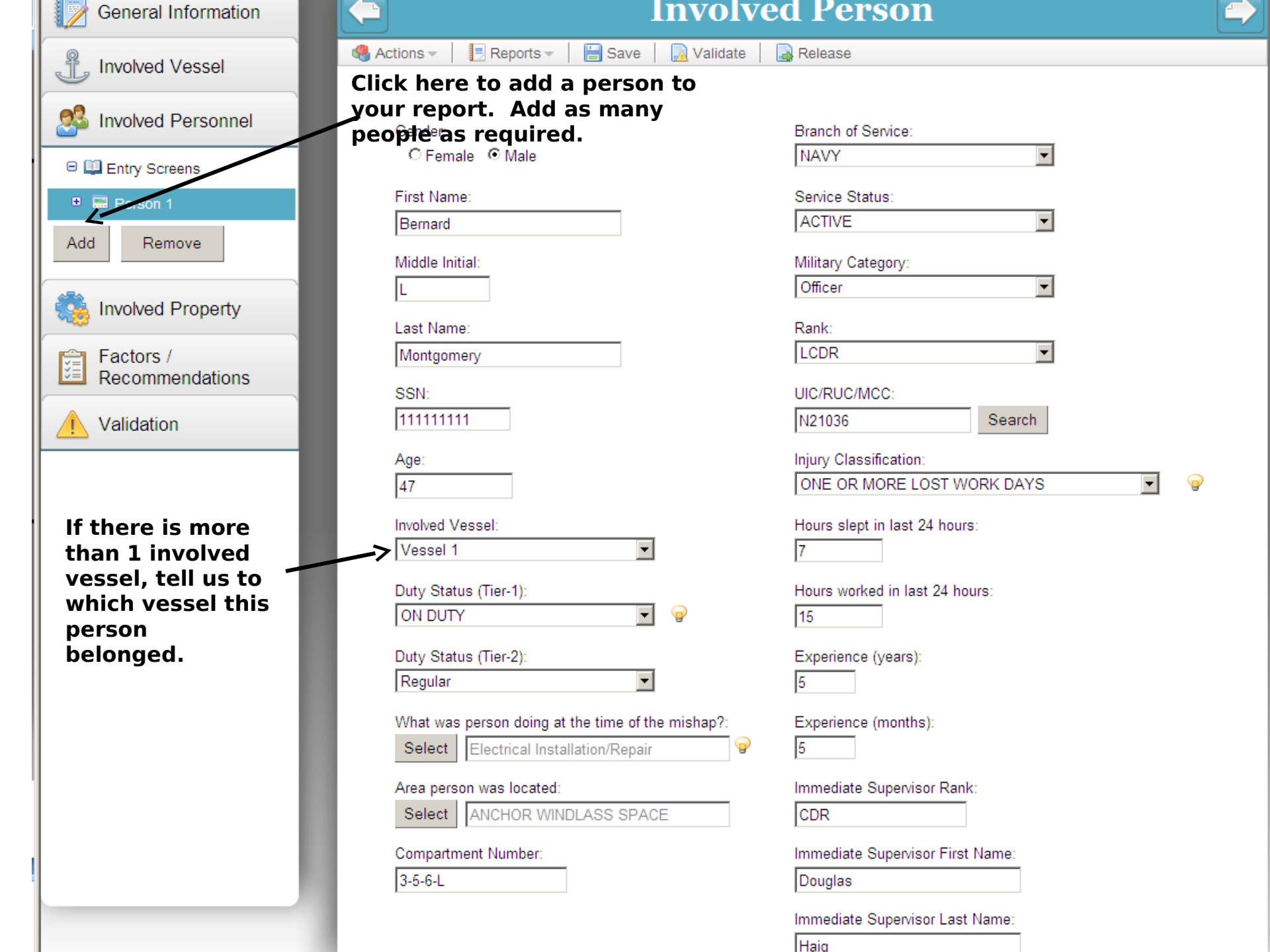

General Information
Entry Screens
General Information
Point of Contact
Environment
Authorized Drafters
COI
Involved Vessel
Involved Personnel
Involved Property
Factors / Recommendations
Validation
Authorized Drafters
Actions
Reports
Save
Validate
Release
Select Authorized Drafters:
Wellesley
Search
Search Results:
Wellesley, Arthur
Type name of person with whom you want to share report and select search
Highlight name of person with whom you want to share report
Users Granted Access to Draft Report:
Churchill, John
These users have access to the report
Click arrow to move name to other box
To grant user access to your report:
1. Use the search function to find user name. May search by UIC, Activity name, Person first name or last name.
2. Highlight name(s) in "Search Results" and use the arrows to move user name(s) to the list box labeled "Users Granted Access to Draft Report"

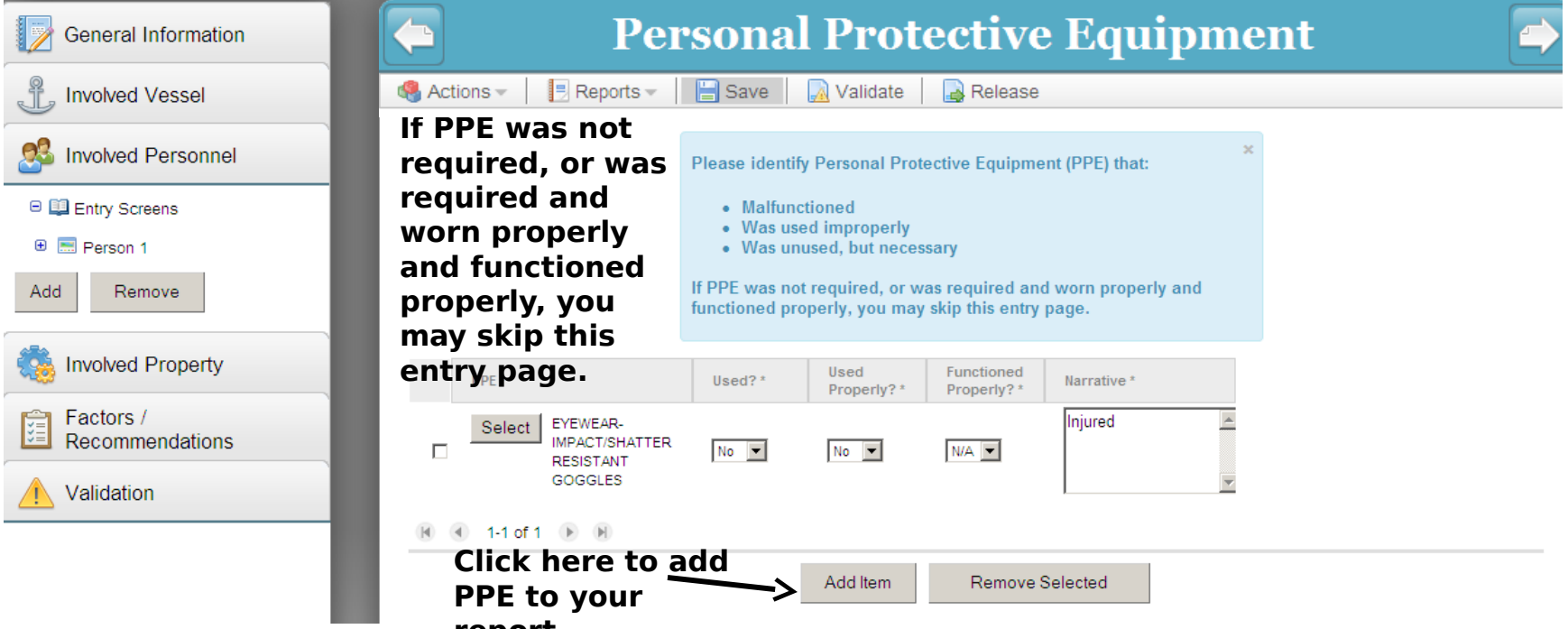
Authorized Drafters page is used to give other users access to your report for reviewing, sharing or routing.

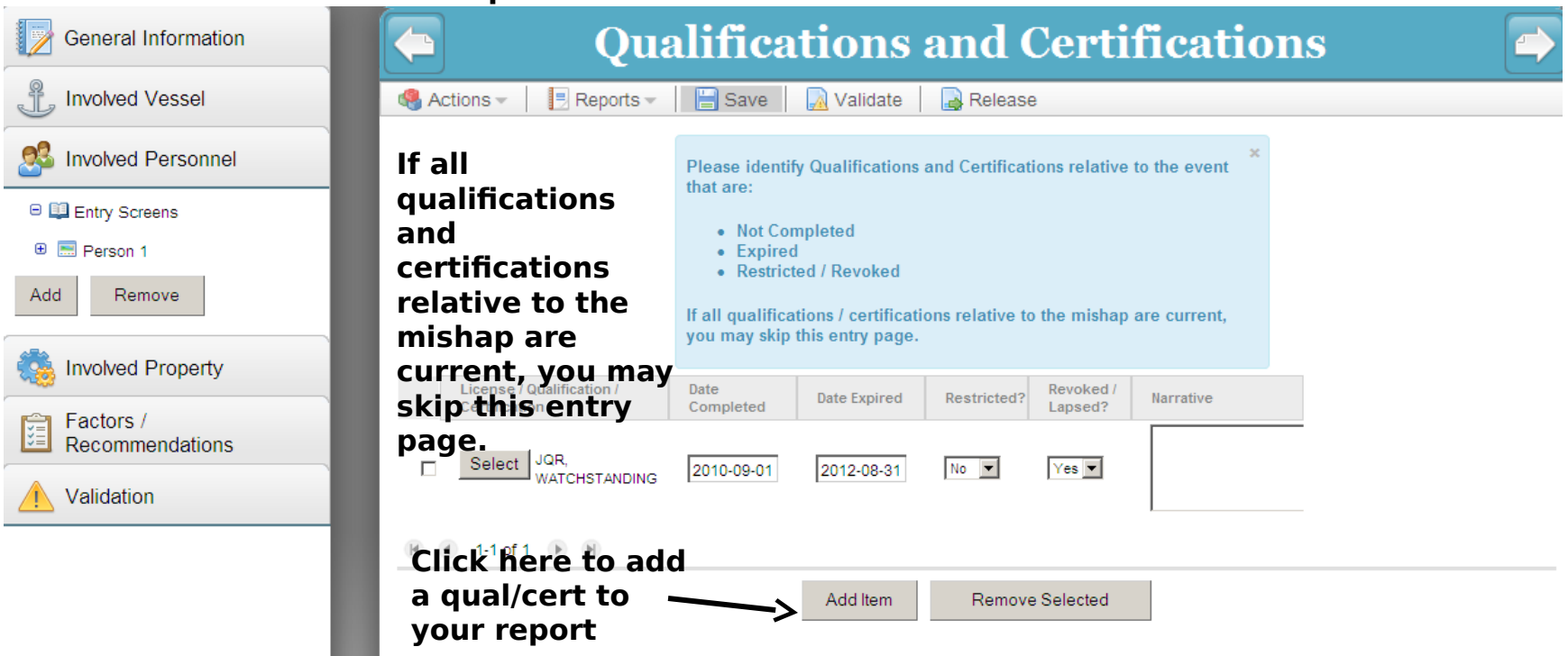

General Information
Entry Screens
General Information
Point of Contact
Environment
Authorized Drafters
COI
Involved Vessel
Involved Personnel
Involved Property
Factors / Recommendations
Validation
Community of Interest
Actions
Reports
Save
Validate
Release
Search for Commands:
safety
Search
Type name of command you want to provide notification
Search Results:
N68963 - NAVAL ORDNANCE SAFETY & SECURITY I
N83760 - NR NAVAL SAFETY CENTER NAVAL AIR RE
M09220265 - MCCS SAFETY OKINAWA
M16923100 - 7TH ESB H&S CO SAFETY
N33355 - NAVAL DISTRICT WASHINGTON PUBLIC SA
N39961 - NPS AV SAFETY TRAINING
N39960 - POST GRADUATE SCHOOL AVIATION SAFE
F00000 - AIR FORCE SAFETY CENTER
G91112 - MARITIME SAFETY AND SECURITY TEAM -
N63393 - NAVAL SAFETY CENTER NORFOLK VA
Highlight the command you want to notify
Commands for Notification:
N63393 - NAVAL SAFETY CENTER NORFOLK VA
Click arrow to move name to other box
These commands/communities will receive a PDF version of the report after it has been accepted by Naval Safety Center Quality Assurance
COIs:
CV CLASS SHIPS
CVN-68 Class Ships
FFG CLASS SHIPS
LCC CLASS SHIPS
LHA CLASS SHIPS
LHD CLASS SHIPS
LPD 4 CLASS SHIPS
LPD 17 CLASS SHIPS
LSD 41 CLASS SHIPS
LSD 49 CLASS SHIPS
Highlight the community you want to notify
COIs for Notification:
LHA CLASS SHIPS

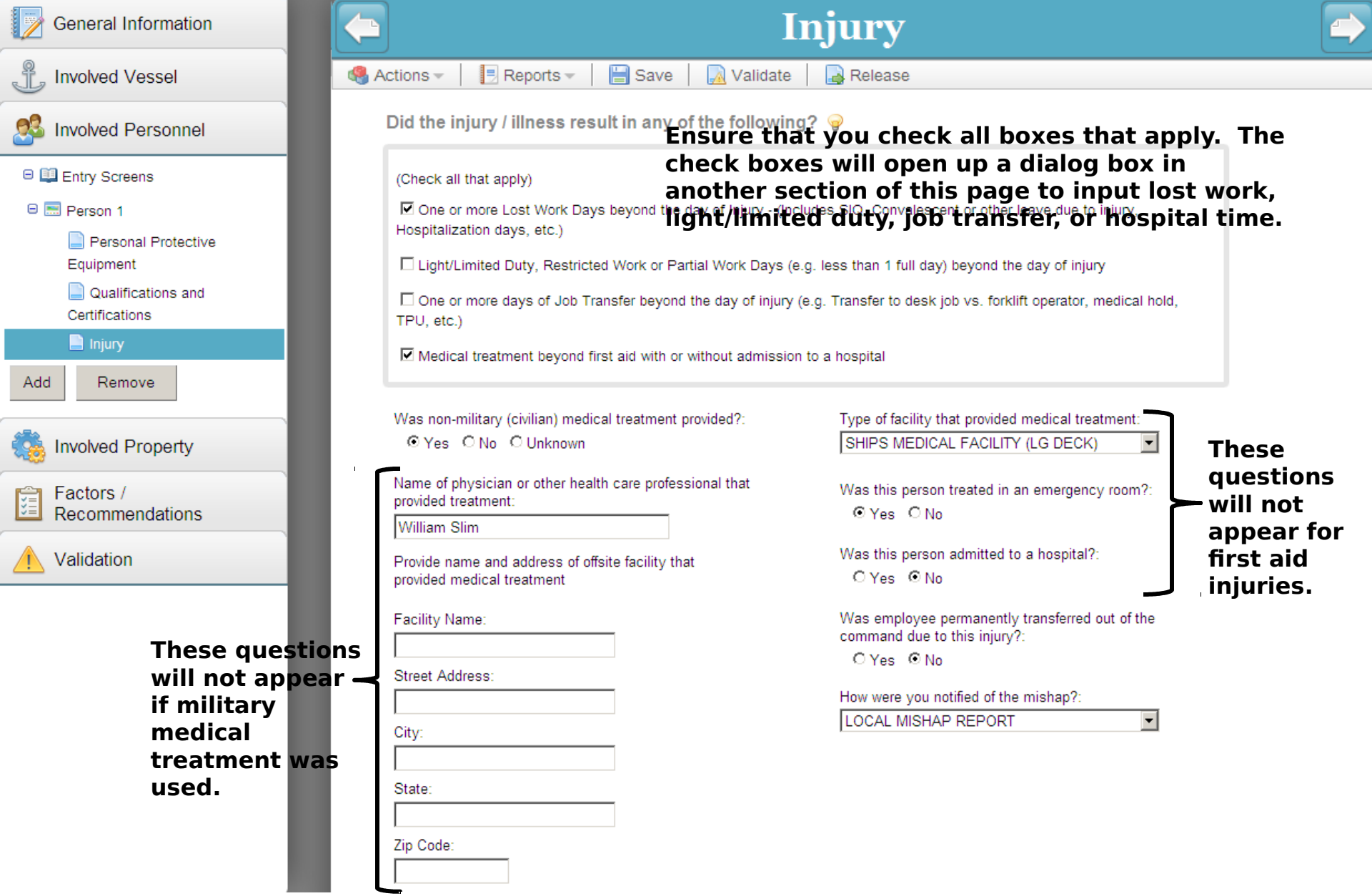
Community of Interest page is used to provide other commands a sanitized PDF version of your report after it has been accepted by the Naval Safety Center Quality Assurance.


General Information
Involved Vessel
Entry Screens
Vessel 1
Add
Remove
Involved Personnel
Involved Property
Factors / Recommendations
Validation
Involved Vessel
Actions
Reports
Save
Validate
Release
Click here to add a vessel to your report. Add as many vessels as required.
Involved Vessel UIC:
N21036
Search
Ship Evolution at the time of the mishap:
FIRING EXERCISE
Name of Exercise at time of the mishap:
JTFEX
Operational Contingency (Optional for class C/D mishaps):
N/A
Date Left Home Port:
2012-08-04
Date of Last Underway:
2012-08-24
Command Fleet Readiness Training Program (FRTP):
INTEGRATED
Status of Ship, Sub, or Small Craft:
UNDERWAY
Vessel Type:
SURFACE SHIP
If vessel type is a small craft, you will be asked an additional question about the type of small craft vessel.


General Information
Involved Vessel
Involved Personnel
Entry Screens
Person 1
Add
Remove
Involved Property
Factors / Recommendations
Validation
Involved Person
Actions
Reports
Save
Validate
Release
Click here to add a person to your report. Add as many people as required.
Female
Male
First Name:
Bernard
Middle Initial:
L
Last Name:
Montgomery
SSN:
111111111
Age:
47
Involved Vessel:
Vessel 1
Duty Status (Tier-1):
ON DUTY
Duty Status (Tier-2):
Regular
What was person doing at the time of the mishap?:
Select
Electrical Installation/Repair
Area person was located:
Select
ANCHOR WINDLASS SPACE
Compartment Number:
3-5-6-L
Branch of Service:
NAVY
Service Status:
ACTIVE
Military Category:
Officer
Rank:
LCDR
UIC/RUC/MCC:
N21036
Search
Injury Classification:
ONE OR MORE LOST WORK DAYS
Hours slept in last 24 hours:
7
Hours worked in last 24 hours:
15
Experience (years):
5
Experience (months):
5
Immediate Supervisor Rank:
CDR
Immediate Supervisor First Name:
Douglas
Immediate Supervisor Last Name:
Haig
If there is more than 1 involved vessel, tell us to which vessel this person belonged.


General Information
Involved Vessel
Involved Personnel
Entry Screens
Person 1
Add
Remove
Involved Property
Factors / Recommendations
Validation
Personal Protective Equipment
Actions
Reports
Save
Validate
Release
If PPE was not required, or was required and worn properly and functioned properly, you may skip this entry page.
Please identify Personal Protective Equipment (PPE) that:
Malfunctioned
Was used improperly
Was unused, but necessary
If PPE was not required, or was required and worn properly and functioned properly, you may skip this entry page.
PPE
Used? *
Used Properly? *
Functioned Properly? *
Narrative *
Select
EYEWEAR-IMPACT/SHATTER RESISTANT GOGGLES
No
No
N/A
Injured
1-1 of 1
Click here to add PPE to your report
Add Item
Remove Selected


General Information
Involved Vessel
Involved Personnel
Entry Screens
Person 1
Add
Remove
Involved Property
Factors / Recommendations
Validation
Qualifications and Certifications
Actions
Reports
Save
Validate
Release
If all qualifications and certifications relative to the mishap are current, you may skip this entry page.
Please identify Qualifications and Certifications relative to the event that are:
Not Completed
Expired
Restricted / Revoked
If all qualifications / certifications relative to the mishap are current, you may skip this entry page.
License / Qualification / Certification
Date Completed
Date Expired
Restricted?
Revoked / Lapsed?
Narrative
Select
JQR, WATCHSTANDING
2010-09-01
2012-08-31
No
Yes
1-1 of 1
Click here to add a qual/cert to your report
Add Item
Remove Selected


General Information
Involved Vessel
Involved Personnel
Entry Screens
Person 1
Personal Protective Equipment
Qualifications and Certifications
Injury
Add
Remove
Involved Property
Factors / Recommendations
Validation
Injury
Actions
Reports
Save
Validate
Release
Did the injury / illness result in any of the following?
Ensure that you check all boxes that apply. The check boxes will open up a dialog box in another section of this page to input lost work, light/limited duty, job transfer, or hospital time.
(Check all that apply)
One or more Lost Work Days beyond the day of injury - (Includes SIQ, Convalescent or other leave due to injury, Hospitalization days, etc.)
Light/Limited Duty, Restricted Work or Partial Work Days (e.g. less than 1 full day) beyond the day of injury
One or more days of Job Transfer beyond the day of injury (e.g. Transfer to desk job vs. forklift operator, medical hold, TPU, etc.)
Medical treatment beyond first aid with or without admission to a hospital
Was non-military (civilian) medical treatment provided?:
Yes No Unknown
Name of physician or other health care professional that provided treatment:
William Slim
Provide name and address of offsite facility that provided medical treatment
Facility Name:
Street Address:
City:
State:
Zip Code:
These questions will not appear if military medical treatment was used.
Type of facility that provided medical treatment:
SHIPS MEDICAL FACILITY (LG DECK)
Was this person treated in an emergency room?:
Yes No
Was this person admitted to a hospital?:
Yes No
Was employee permanently transferred out of the command due to this injury?:
Yes No
How were you notified of the mishap?:
LOCAL MISHAP REPORT
These questions will not appear for first aid injuries.

Report Lost Work Day time beyond the day of injury (includes SIQ days, Sick leave, Convalescent or other leave due to injury, hospitalization days, etc.)

Provide:

- Start Date/Time ~ When did lost work begin?
- End Date/Time ~ When did employee return to work (or LWT status changed)?

Select	Start Date *	Start Time *	End Date *	End Time *
☐	2012-09-02	0700	2012-09-04	0700

1-1 of 1

To enter light/limited duty, hospital or job transfer time, ensure appropriate check boxes are selected at the top of the injury page. This will open up the appropriate box to enter in the time. It will be accomplished the same way as the lost time example to the left.

Click here to add lost work time →

Add Item | Remove Selected

OSHA Classification code:

INJURY

Was this a heat stress or cold injury?:

○ Yes ◉ No

If "yes" there will be additional questions.

Were chemical substances or toxic exposures involved?:

○ Yes ◉ No

If "yes" you will need to provide a description of the substance or the MSDS #.

Were sharps involved? (e.g. needle sticks, scalpel):

○ Yes ◉ No

If "yes" there will be additional questions. Sharps mostly involve medical personnel.

Identify injury to body part

Select	What body part was injured? *	Primary? *	BLS Nature of Injury code (e.g. strain, sprain, fracture, etc.)? *
☐	Select KNEE(S)	Yes	Select SPRAINS, STRAINS, TEARS

1-1 of 1

Add Item | Remove Selected

Input all applicable body parts. Select one entry as the primary injured body part.

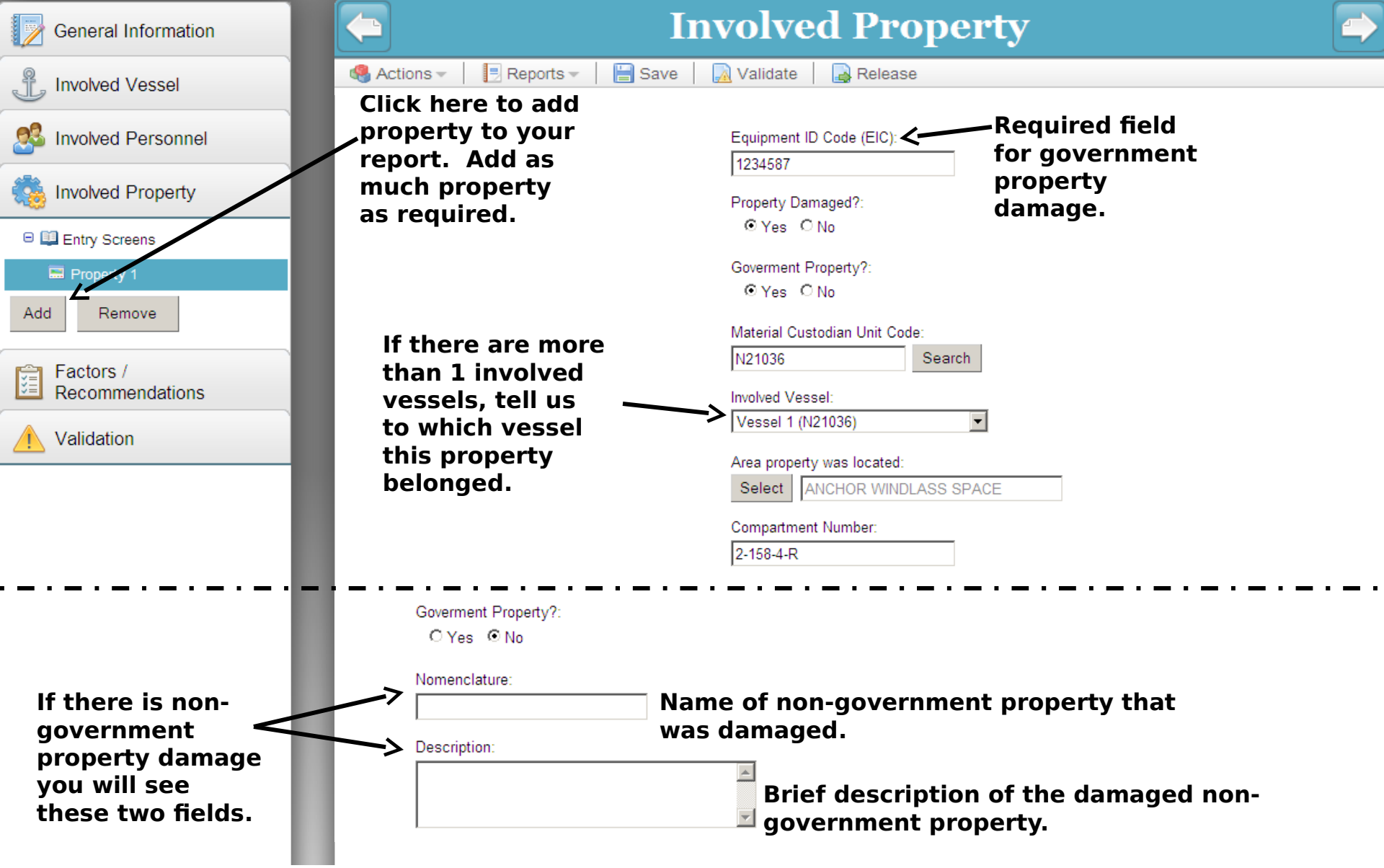
Input event/exposure and source of injury

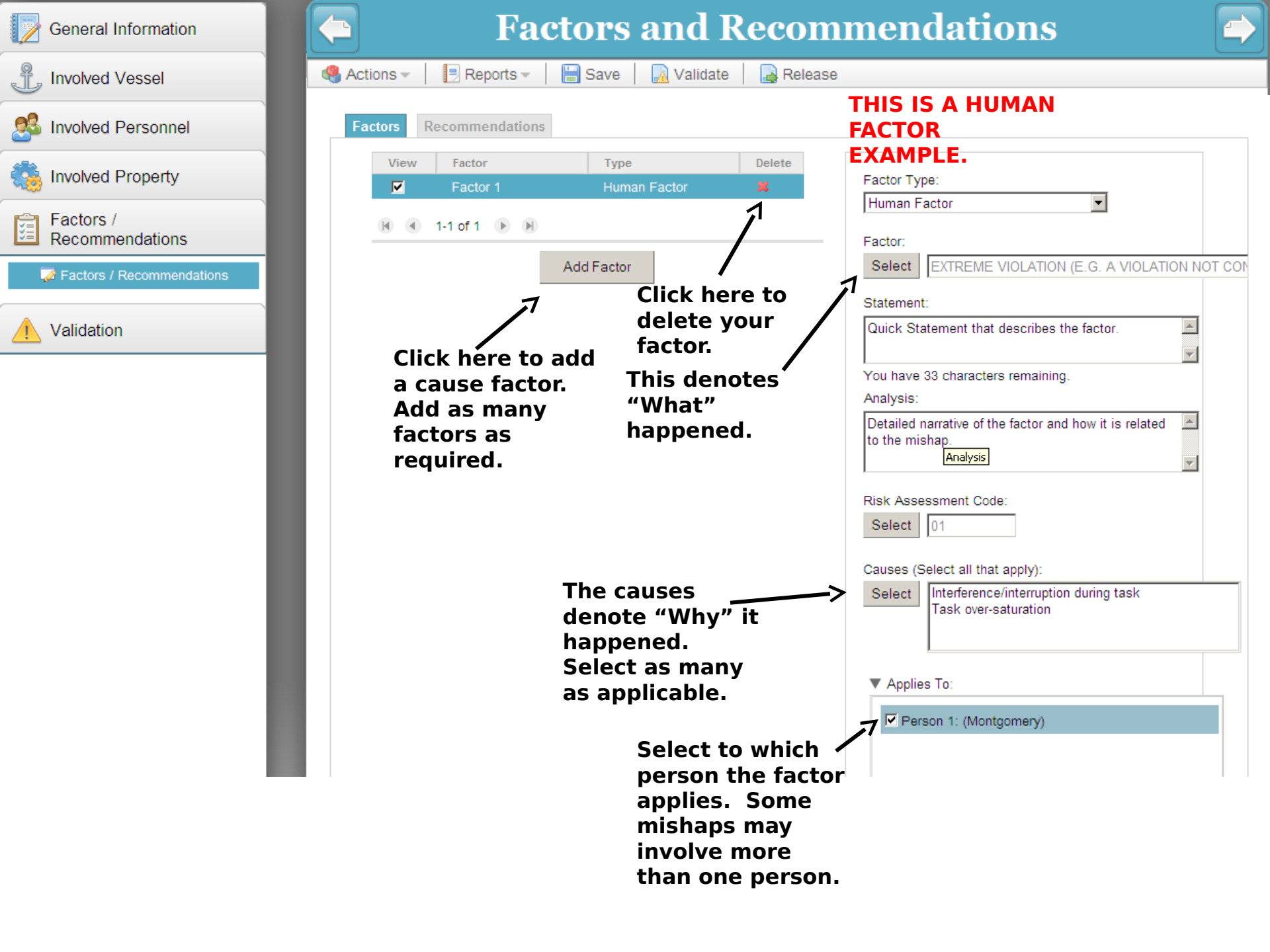
Event or Exposure - How was the injury produced? (e.g. struck by, contact with object, falls, etc.):

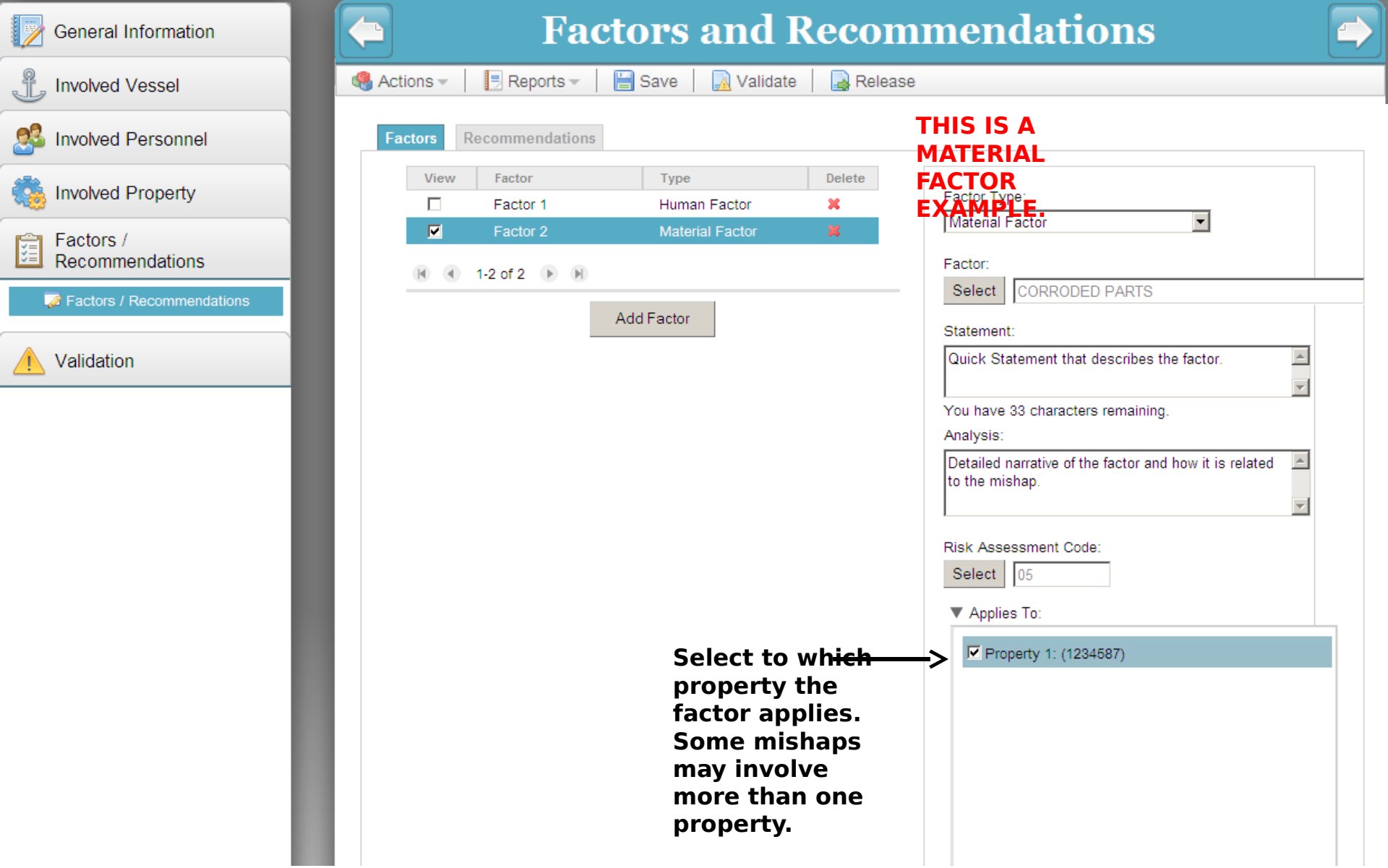
Select STRUCK AGAINST OBJECT

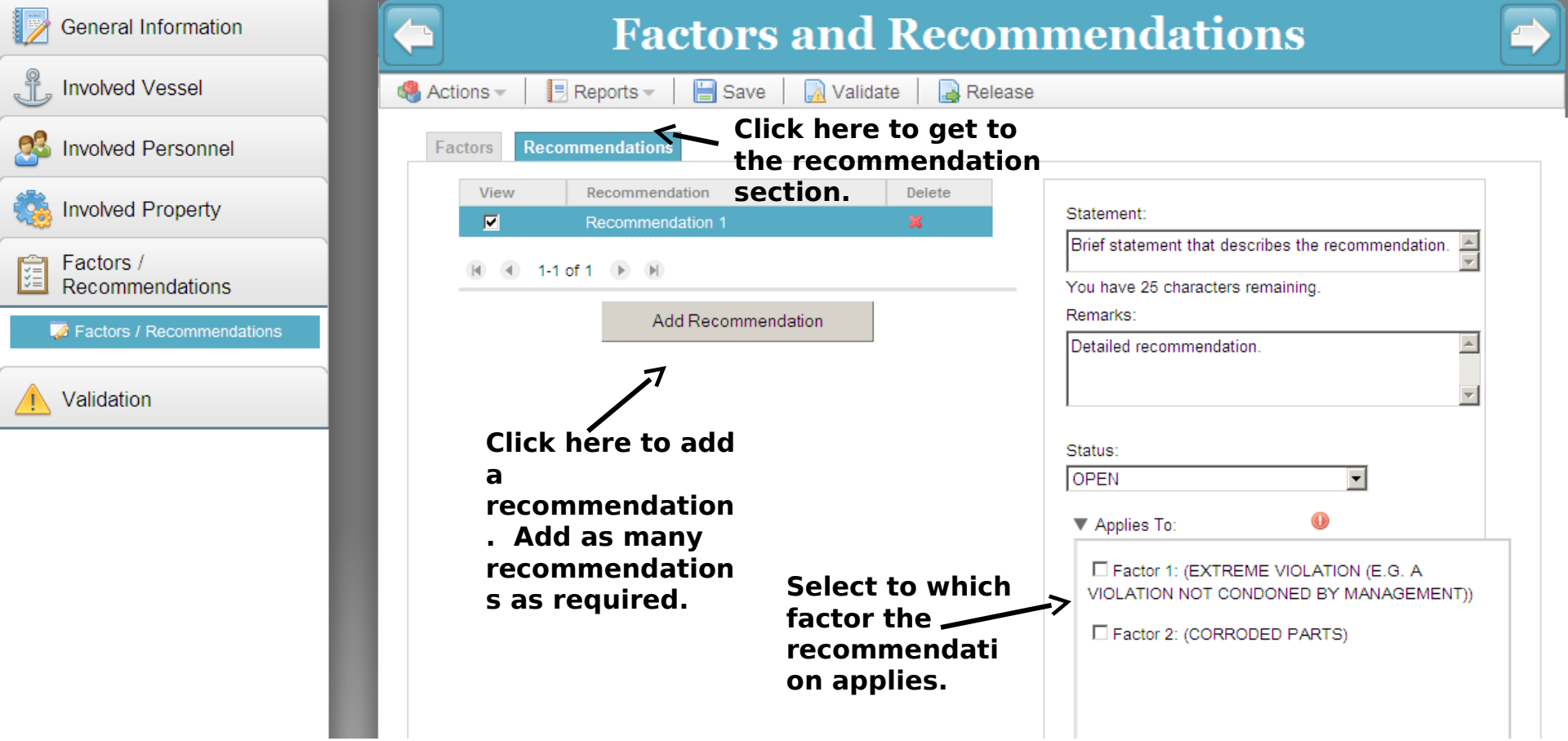
BLS Source of Injury Codes (e.g. chemicals, machinery, furniture, tools, equipment, etc.):

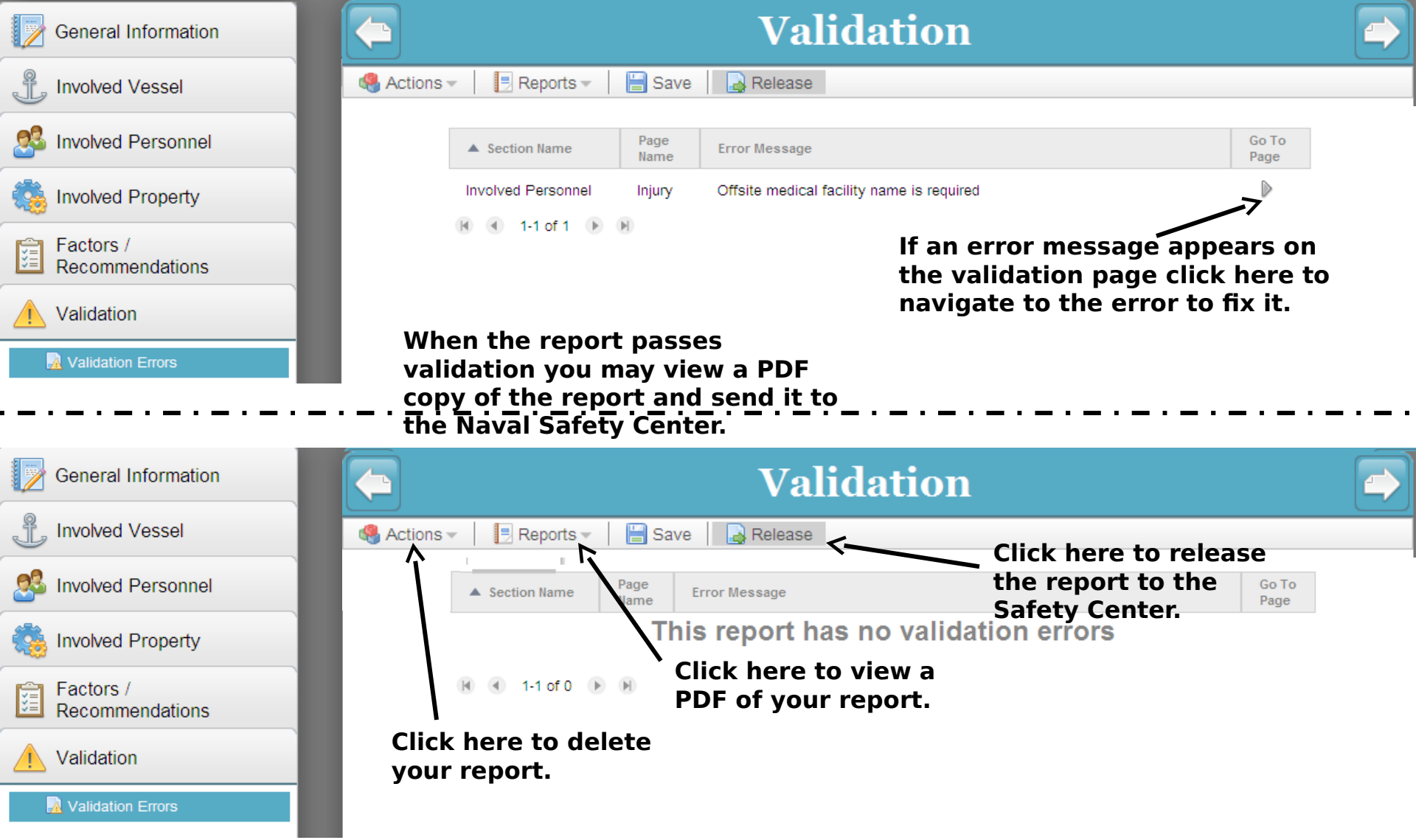
Select CRANES


General Information
Involved Vessel
Involved Personnel
Involved Property
Entry Screens
Property 1
Add
Remove
Factors / Recommendations
Validation
Involved Property
Actions
Reports
Save
Validate
Release
Click here to add property to your report. Add as much property as required.
Equipment ID Code (EIC):
1234587
Required field for government property damage.
Property Damaged?:
Yes
No
Goverment Property?:
Yes
No
Material Custodian Unit Code:
N21036
Search
If there are more than 1 involved vessels, tell us to which vessel this property belonged.
Involved Vessel:
Vessel 1 (N21036)
Area property was located:
Select
ANCHOR WINDLASS SPACE
Compartment Number:
2-158-4-R
Goverment Property?:
Yes
No
If there is non-government property damage you will see these two fields.
Nomenclature:
Name of non-government property that was damaged.
Description:
Brief description of the damaged non-government property.


General Information
Involved Vessel
Involved Personnel
Involved Property
Factors / Recommendations
Factors / Recommendations
Validation
Factors and Recommendations
Actions
Reports
Save
Validate
Release
Factors
Recommendations
View
Factor
Type
Delete
Factor 1
Human Factor
1-1 of 1
Add Factor
THIS IS A HUMAN FACTOR EXAMPLE.
Factor Type:
Human Factor
Factor:
Select
EXTREME VIOLATION (E.G. A VIOLATION NOT CON
Statement:
Quick Statement that describes the factor.
You have 33 characters remaining.
Analysis:
Detailed narrative of the factor and how it is related to the mishap.
Analysis
Risk Assessment Code:
Select
01
Causes (Select all that apply):
Select
Interference/interruption during task
Task over-saturation
Applies To:
Person 1: (Montgomery)
Click here to add a cause factor. Add as many factors as required.
Click here to delete your factor.
This denotes "What" happened.
The causes denote "Why" it happened. Select as many as applicable.
Select to which person the factor applies. Some mishaps may involve more than one person.


General Information
Involved Vessel
Involved Personnel
Involved Property
Factors / Recommendations
Factors / Recommendations
Validation
Factors and Recommendations
Actions
Reports
Save
Validate
Release
Factors
Recommendations
View
Factor
Type
Delete
Factor 1
Human Factor
Factor 2
Material Factor
1-2 of 2
Add Factor
THIS IS A MATERIAL FACTOR EXAMPLE.
Factor Type:
Material Factor
Factor:
Select
CORRODED PARTS
Statement:
Quick Statement that describes the factor.
You have 33 characters remaining.
Analysis:
Detailed narrative of the factor and how it is related to the mishap.
Risk Assessment Code:
Select
05
Applies To:
Property 1: (1234587)
Select to which property the factor applies. Some mishaps may involve more than one property.


General Information
Involved Vessel
Involved Personnel
Involved Property
Factors / Recommendations
Factors / Recommendations
Validation
Factors and Recommendations
Actions
Reports
Save
Validate
Release
Factors
Recommendations
Click here to get to the recommendation section.
View
Recommendation
Delete
Recommendation 1
1-1 of 1
Add Recommendation
Click here to add a recommendation. Add as many recommendations as required.
Statement:
Brief statement that describes the recommendation.
You have 25 characters remaining.
Remarks:
Detailed recommendation.
Status:
OPEN
Applies To:
Factor 1: (EXTREME VIOLATION (E.G. A VIOLATION NOT CONDONED BY MANAGEMENT))
Factor 2: (CORRODED PARTS)
Select to which factor the recommendation applies.


General Information
Involved Vessel
Involved Personnel
Involved Property
Factors / Recommendations
Validation
Validation Errors
Validation
Actions
Reports
Save
Release
Section Name
Page Name
Error Message
Go To Page
Involved Personnel
Injury
Offsite medical facility name is required
1-1 of 1
If an error message appears on the validation page click here to navigate to the error to fix it.
When the report passes validation you may view a PDF copy of the report and send it to the Naval Safety Center.
General Information
Involved Vessel
Involved Personnel
Involved Property
Factors / Recommendations
Validation
Validation Errors
Validation
Actions
Reports
Save
Release
Section Name
Page Name
Error Message
Go To Page
This report has no validation errors
1-1 of 0
Click here to release the report to the Safety Center.
Click here to view a PDF of your report.
Click here to delete your report.